

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

DECLARATION OF FINANCIAL HARDSHIP

\_\_\_\_\_, Appellant/Petitioner,

v. No. \_\_\_\_\_

Secretary of Veterans Affairs, Appellee/Respondent.

I am the appellant/petitioner. I declare by my signature below, that payment of the fifty dollar (\$50.00) filing fee required by Rule 3(e) or Rule 21(a) of the Court's Rules of Practice and Procedure would be a financial hardship for me.

**Pursuant to 28 U.S.C. § 1746, I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.**

\_\_\_\_\_  
Signature of Appellant/Petitioner

\_\_\_\_\_  
Date

\*\*\*\*\*

Accepted for filing:

\_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

INSTRUCTIONS

Send this Declaration (original only) to:

Clerk, U.S. Court of Appeals for Veterans  
Claims

625 Indiana Avenue, NW, Suite 900  
Washington, DC 20004-2950

OR Fax (202) 501-5848

Form 4  
(Rev. 01/03)